

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Carolyn Viall Donohue MSN, RNMailing Address 1240 Appling Dr
#306

City	State	Zip Code
Mount Pleasant	SC	29464-3696

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Vice President Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : 22701414

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Greg Edwards

Mailing Address 787 Shell Sand Cir

City	State	Zip Code
Charleston	SC	29412-4347

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : 22701429

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. David L. Dunlap FACHEMailing Address 125 Doughty Street
Suite 760

City	State	Zip Code
Charleston	SC	29403-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours St. Francis Xavier Hospita

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : 22701430

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►